

Pra tti ner' Docket N . 2428-CIP

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK FFICE**

In re application of: WOODS

Application No.: 0 /

Group No.:

Filed:

Examiner:

For: SELF-PROPELLED BACK FILLING APPARATUS

Assistant Commissioner for Patents

Washington, D.C. 20231

ATTENTION: Group Director, Group \_\_\_\_\_ (M.P.E.P. § 1002.02(c))

**PETITION TO MAKE SPECIAL BECAUSE OF APPLICANT'S AGE  
(37 C.F.R. § 1.102(c) AND M.P.E.P. § 708.02 IV)**

NOTE: See M.P.E.P. § 708.02, 7th ed.

Applicant hereby petitions to make this application special because applicant is over 65 years of age.

As a showing of this fact, accompanying this petition is:

*(check one of the following)*

- ☐ applicant's birth certificate.  
☐ a declaration by the applicant that he/she is over 65 years of age.

No fee is required with this petition, in accordance with 37 C.F.R. § 1.102(c).

Reg. No.: 38,911

Tel. No.: ( 858) 509-1400

Customer No.: 30084

  
SIGNATURE OF PRACTITIONER

DONN K. HARMS

*(type or print name of practitioner)*

12702 Via Cortina #100

P.O. Address

Del Mar, CA 92014

1c996 U.S. PTO  
09/978338  
10/15/01

(Petition to Make Special Because of Applicant's Age [9-15.3])

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD  
READ THE INSTRUCTIONS ON BACK OF THIS CERTIFICATE

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

1. PLACE OF BIRTH, Dist. No. <u>1901</u> City or County of <u>LOS ANGELES</u> Rural Registration District, <u>North Hollywood</u>		DEPARTMENT OF PUBLIC HEALTH VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH Local Registration No. <u>11230 Pacoima, Calif.</u>	
2. FULL NAME OF CHILD <u>Jemas Denver Woods</u>			
3. Sex <u>Male</u>	4. If plural births	5. Maiden, birth or other name	6. Preliminary full name
8. Full name <u>Leo Barry Woods</u>		FATHER	
9. Residence (household place of abode) <u>10585 Telfair St. Pacoima, Calif.</u>		17. Full maiden name <u>Allie Mae Whitmore</u>	
10. Color or race <u>Caucasian</u>		18. Residence (household place of abode) <u>10535 Telfair St. Pacoima, Calif.</u>	
11. Birthplace <u>Arkansas</u>		19. Color or race <u>Caucasian</u>	
12. Trade, profession, or occupation <u>Steam shovel operator</u>		20. Age at last birthday <u>25</u>	
13. Industry or business in which work was done, at mill, sawmill, store, etc. <u>L. A. Water Dept.</u>		21. Birthplace <u>Arkansas</u>	
14. Date (month and year) <u>Sept. 1932</u>		22. Trade, profession, or occupation <u>Housewife</u>	
15. Total time (years) <u>3</u> yr 8		23. Industry or business in which work was done, at mill, sawmill, store, etc. <u>Corn field</u>	
16. Date (month and year) <u>Sept. 1932</u>		24. Total time (years) <u>3</u> yr 8	
25. If stillborn, period of gestation <u>9 months</u>		26. Cause of stillbirth <u>Stillborn</u>	
27. Was a syphilis test for Gonorrhea? <u>Yes</u>		28. Was a syphilis test for Gonorrhea? <u>No</u>	
29. Number of children of both mother <u>3</u>		30. Born alive and now living <u>0</u>	
31. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated. <u>at 2:00 A.M.</u>			
*When there are no attending physician or midwife, then the father, husband, etc., should make this report. A valid report is one that neither barren nor barren after embryo of life after birth.			
Given name added from a supplemental report. <u>Due to</u>			
Address <u>North Hollywood, Calif.</u>			
12. Filed <u>SEP 3 - 1932</u> by <u>J. C. DeLoach</u> REGISTRAR			
DEPUTY			



LOS ANGELES COUNTY, CALIFORNIA  
REGISTRAR-RECORDER

FEE \$2.00  
APR 28 1977

This is a true certified copy of the record if it bears the seal, imprinted in purple ink, of the Registrar-Recorder.